

C.L. "BUTCH" OTTER- Governor RICHARD M. ARMSTRONG - Director

DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

FILE COPY

March 1, 2007

Bryan Elliott, Administrator Regent at Willow Park Assisted Living 2600 N Milwaukee Ave Boise, ID 83704

License #: Rc-561

Dear Mr. Elliott:

On January 31, 2007, a state licensure survey was conducted at Regent at Willow Park Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact KAREN MCDANNEL, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely.

KAREN MCDANNEĽ, I

Team Leader

Health Facility Surveyor

Residential Community Care Program

KM/slc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



C.L. "BUTCH" OTTER, Governor RICHARD M. ARMSTRONG -- Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-036 PHONE: (208) 334-6366 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

February 2, 2007

Bryan Elliott, Administrator Regent at Willow Park Assisted Living 2600 N Milwaukee Ave Boise, ID 83704

Dear Mr. Elliott:

On January 31, 2007, a standard health care survey was conducted at Regent at Willow Park Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 2, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
13R561		13R561	B. WING _			01/3	01/31/2007	
NAME OF PROVIDER OR SUPPLIER					STATE, ZIP CODE			
WILLOW	PARK ASSISTED LI	VING, REGENT A	2600 N M BOISE, ID	IILWAUKEE AVE D 83704				
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
R 000	Initial Comments			R 000				
	found to be in subs Rules for Residenti Facilities in Idaho. were cited during the conducted at your in		ith the _iving encies urvey rs					
	Polly Watt-Geier, M Health Facility Surv	/ISW						
	Donna Henscheid, Health Facility Surv			ereminet e commonwelle de la c				
	Patrick Hendrickso Health Facility Surv							
Bureau of Fa	cility Standards			1	TITLE		(X6) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

2FE311



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

*** - ****	. N. C			Phone Number				
Facility			Physical Address	,				
Wi	Mow Park strator	AL	12600 N. Milwaukea Ave	83704				
			City	ZIP Code				
	BUSAE	Elliott	2600 N. Milwaukee Bue City Boise ID Survey Type	83704				
B/y6/ Elliott Survey Team Leader			Survey Type	Survey Date				
Koren Modernet			5/5	1-30-07				
	I-CORE ISSU	ES						
ITEM #	RULE# 16.03.22		DESCRIPTION	全年的全年 (1985年) 1985年 (1985年)	DATE BFS RESOLVED USE			
#1	15 7.	The facility did not	follow their Policies in regulds.	10 te				
		Storage of medications	for residents who self medicate.					
#2	310.02	The facility accumulated act date ted medications and unused						
			ity for Longer than 30 days.					
#3	711.0813	SHAFF OCCUPENTED MEDI	cct.org 55 5, ver by tex bet lar	Ji not				
		ASTANT WITH THE MEDICATION	15. Resolved By		000000000000000000000000000000000000000			
#4	305-06	Regident #7 did not have an initial narry assessment for						
		self modications Mosian.						
#15	260.04A	A goss con was not stered	I under lock and key					
#6	640.01	Contracted Staff Did not	- have training in denentia, Mer	1401 Illne55				
		and transmatic brain inj	Wies.					
	,			4	10 TO SEC.			

					45 3 8 A			
Response Required Date		Signature of Facility Representative			Date Signed			